

# Work Order ID 94614

December-19-12 1:08:00 PM

**\*94614\***

Page 1

Item ID: D350-567-031

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Interior Floor Window (Sliding Door Compatible)

Start Date: 1/15/13 Start Qty: 1.00 **\*1\***

Cust Item ID:

Required Date: 1/15/13 Req'd Qty: 1.00 **\*1\***

Customer:

Reference:

Approvals: Process Plan: *[Signature]* Date: 13-01-2

Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
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| N/A | Rev D |
|-----|-------|
|-----|-------|

|                  |                                                                   |      |  |  |  |  |  |  |  |
|------------------|-------------------------------------------------------------------|------|--|--|--|--|--|--|--|
| 100              |                                                                   | 0.00 |  |  |  |  |  |  |  |
| <b>*100*</b>     | DOCUMENT CONTROL                                                  |      |  |  |  |  |  |  |  |
| DC               | Memo                                                              | 0.00 |  |  |  |  |  |  |  |
| Document Control | Photocopy blue file and create labels per PPP D350-567-031 chg001 |      |  |  |  |  |  |  |  |

DAS 16 9-89 13/1/24

MLS 13-01-24

*[Handwritten signature]*

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|-----|--|------|--|--|--|--|--|--|--|
| 110 |  | 0.00 |  |  |  |  |  |  |  |
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| <b>*110*</b> | Packaging |  |  |  |  |  |  |  |  |
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|           |      |      |  |  |  |  |  |  |  |
|-----------|------|------|--|--|--|--|--|--|--|
| Packaging | Memo | 0.00 |  |  |  |  |  |  |  |
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|           |                  |  |  |  |  |  |  |  |  |
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| Packaging | Pick Packing Kit |  |  |  |  |  |  |  |  |
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\*\*\*ENSURE DT 8439 TEMPLATE IS INCLUDED\*\*\*

*[Handwritten signature]* 13/1/24 (1)

|     |  |      |  |  |  |  |  |  |  |
|-----|--|------|--|--|--|--|--|--|--|
| 120 |  | 0.00 |  |  |  |  |  |  |  |
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|              |                                         |  |  |  |  |  |  |  |  |
|--------------|-----------------------------------------|--|--|--|--|--|--|--|--|
| <b>*120*</b> | QC4- 100% Inspect kits for completeness |  |  |  |  |  |  |  |  |
|--------------|-----------------------------------------|--|--|--|--|--|--|--|--|

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| QC | Memo | 0.00 |  |  |  |  |  |  |  |
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|                 |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|
| Quality Control |  |  |  |  |  |  |  |  |  |
|-----------------|--|--|--|--|--|--|--|--|--|

DAS 16 9-89 13/1/24

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="width:25%;">Skid-tube <input type="checkbox"/></td> <td style="width:25%;">Crosstube <input type="checkbox"/></td> <td style="width:25%;">Water Jet <input type="checkbox"/></td> <td style="width:25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/>           | Engineering <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/>   | Quality <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/>            |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Date</b>                        | <b>Step</b>                                  | <b>Qty</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>Description of work order update or Non-conformance</b>                                                                                                                      | <b>Initial Chief Eng</b> | <b>Action Description</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Sign &amp; Date</b> | <b>Verification</b> | <b>QC Inspector</b>                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Operator <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Setup <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Process <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Training <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |                     |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |                                    |                                              | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |                                                                                                                                                                                 |                          | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |                     | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |                                    |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

# Work Order ID 94614

\*94614\*

Page 2

December-19-12 1:08:00 PM

Item ID: D350-567-031

Accept

\*N900040100\*

Setup Start \*NS1\*

Revision ID:

Stop \*NS2\*

Item Name: Interior Floor Window (Sliding Door Compatible)

Start Date: 1/15/13 Start Qty: 1.00 \*1\*

Cust Item ID:

Required Date: 1/15/13 Req'd Qty: 1.00 \*1\*

Customer:

Reference:

Run Start \*NR1\*

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Stop \*NR2\*

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

| Sequence ID/<br>Work Center ID | Operation<br>Description                               | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| 130                            |                                                        | 0.00                 |         |        |              |               |               |                  |                |
| *130*                          | Packaging                                              |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      | Identify and pack for shipping as per PPP D350-567-031 |                      |         |        |              |               |               |                  |                |
|                                | Location: _____                                        |                      |         |        |              |               |               |                  |                |
|                                | PPP Rev: _____                                         |                      |         |        |              |               |               |                  |                |
| 140                            | QC21- Final Inspection - Work Order Release            | 0.00                 |         |        |              |               |               |                  |                |
| *140*                          |                                                        |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                   | 0.00                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                        |                      |         |        |              |               |               |                  |                |

DAS  
06  
2-3

13/1/24

MCJ 13-01-24

13-01-24

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date | Step | Qty                                                                                                                                                                                                                                                                                                                                                                                                                                             | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                         |  |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 50                                                                                                                                                                              |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| Operator <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| Setup <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| Process <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| Training <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                         |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |                                                                                                                                                                                 |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><hr/> <hr/> <hr/> |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other |  |

# Picklist Print

December-19-12 1:07:59 PM

Page 1

Work Order ID: 94614

Parent Item: D350-567-031

Start Date: 1/15/13

Required Date: 1/15/13

Parent Item Name: Interior Floor Window (Sliding Door Compatible)

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A new issue 08-04-25 DD verified by: LL  
IPP Rev:B 08-10-07 as per revD DD verified by:

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand  | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------------|-------------|--------------|---------------|----------------|--------|
| AN526C632R12<br>Screw           |                        | Purchased     | No          |                     |                  | 120             | Each               | 72.0000         | 8           | 8            | 124330        |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|                                 |                        |               |             | ST345               |                  | 72              |                    |                 |             |              |               |                |        |
|                                 |                        |               |             | 123522              |                  | 72              |                    |                 |             |              |               |                |        |
| D2463<br>Seal                   |                        | Manufactured  | No          |                     |                  | 120             | f                  | 490.6703        | 3.75        | 3.75         |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|                                 |                        |               |             | ST403               |                  | 490.67028       |                    |                 |             |              |               |                |        |
|                                 |                        |               |             | 72232               |                  | 15.38           |                    |                 |             |              |               |                |        |
|                                 |                        |               |             | 79478               |                  | 0.43737         |                    |                 |             |              |               |                |        |
|                                 |                        |               |             | 83542               |                  | 0.04291         |                    |                 |             |              |               |                |        |
|                                 |                        |               |             | 90297               |                  | 474.81          |                    |                 |             |              |               |                |        |
| D3210-1<br>Doubler              |                        | Manufactured  | No          |                     |                  | 120             | Each               | 7.0000          | 1           | 1            |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|                                 |                        |               |             | ST210               |                  | 7               |                    |                 |             |              |               |                |        |
|                                 |                        |               |             | 91696               |                  | 7               |                    |                 |             |              |               |                |        |
| D3211-1<br>Bracket              |                        | Manufactured  | No          |                     |                  | 120             | Each               | 6.0000          | 1           | 1            |               |                |        |
|                                 |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|                                 |                        |               |             | ST211               |                  | 6               |                    |                 |             |              |               |                |        |
|                                 |                        |               |             | 79310               |                  | 1               |                    |                 |             |              |               |                |        |
|                                 |                        |               |             | 91755               |                  | 5               |                    |                 |             |              |               |                |        |
| D3212-1<br>Floor Window         |                        | Manufactured  | No          |                     |                  | 120             | Each               | 0.0000          | 1           | 1            | 90186         |                |        |

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: . - . 3

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |                                                     |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |                                                     |                   |                    |             |              |              |

### FAULT CATEGORY

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabelled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge                                                                                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><input type="checkbox"/> Other                                                                                                                                                                                                                                                                            |

# Picklist Print

December-19-12 1:07:59 PM

Page 2

Work Order ID: 94614

Parent Item: D350-567-031

Start Date: 1/15/13

Required Date: 1/15/13

Parent Item Name: Interior Floor Window (Sliding Door Compatible)

Start Qty: 1.00

Required Qty: 1.00

D3213-041  
Door Assembly

Manufactured No

120 Each 8.0000

1

1

## Location

## Loc Qty

## Loc Code

ST211

8

82832

8

82832

DT8439  
template

Manufactured No

120 Each 0.0000

1

1

MS20470AD4-5  
Rivet, Universal Head

Purchased No

120 Each 2,476.0000

40

40

## Location

## Loc Qty

## Loc Code

GA

720

122452

720

122452

ST336

1756

122452

1756

MS20470AD4-6  
Rivet, Universal Head

Purchased No

120 Each 2,760.0000

90

90

## Location

## Loc Qty

## Loc Code

GA

138

118927

138

ST505

2622

123021

2622

123021

MS20470AD4-7  
Rivet, Universal Head

Purchased No

120 Each 639.0000

20

20

## Location

## Loc Qty

## Loc Code

ST336

639

122452

639

122452

MS21042L06  
Nut

Purchased No

120 Each 245.0000

8

8

## Location

## Loc Qty

## Loc Code

ST314

245

122441

145

123900

100

123900

December-19-12 1:08:00 PM

Shop Packet Print

Page 2

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                              |                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------------|----------------------------------|----------------------------------------|------------------------------------|----------------------------------------------|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/>   | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> |  |
| Skid-tube <input type="checkbox"/>                           | Crosstube <input type="checkbox"/>                                                                                                                                              | Water Jet <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Engineering <input type="checkbox"/> |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Machining <input type="checkbox"/>                           | Small Fab <input type="checkbox"/>                                                                                                                                              | Prod. Eng. Coord. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Quality <input type="checkbox"/>     |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Thermoforming <input type="checkbox"/>                       | Finishing <input type="checkbox"/>                                                                                                                                              | Rec/Store/Packaging <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Other <input type="checkbox"/>       |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |
| Large Fab <input type="checkbox"/>                           | Composite <input type="checkbox"/>                                                                                                                                              | Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |                                    |                                    |                                      |                                    |                                    |                                            |                                  |                                        |                                    |                                              |                                |                                    |                                    |                                   |  |

| Root Cause                             | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|----------------------------------------|------|------|-----|-----------------------------------------------------|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Equip/Tooling <input type="checkbox"/> |      |      |     |                                                     |                   |                    |             |              |              |
| Operator <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Material <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Setup <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Other <input type="checkbox"/>         |      |      |     |                                                     |                   |                    |             |              |              |
| Process <input type="checkbox"/>       |      |      |     |                                                     |                   |                    |             |              |              |
| Supplier <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Training <input type="checkbox"/>      |      |      |     |                                                     |                   |                    |             |              |              |
| Unapproved <input type="checkbox"/>    |      |      |     |                                                     |                   |                    |             |              |              |

**FAULT CATEGORY**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge<br><br><input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |
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# Picklist Print

December-19-12 1:08:00 PM

Page 3

Work Order ID: 94614

Parent Item: D350-567-031

Start Date: 1/15/13

Required Date: 1/15/13

Parent Item Name: Interior Floor Window (Sliding Door Compatible)

Start Qty: 1.00

Required Qty: 1.00

Washer

Purchased No

120 Each 329.0000

8

8

12/21/12

Location

Loc Qty

Loc Code

ST293

329

123900

329

123900

1

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Work Order Update <input type="checkbox"/> |                   | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date | Step | Qty                                                                                                                                                                                                                                                                                                                                                                                                                                             | Description of work order update or Non-conformance                                                                                                                             | Initial Chief Eng | Action Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Sign & Date | Verification | QC Inspector                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                             |  |
| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| Operator <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| Setup <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| Other <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| Process <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| Supplier <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| Training <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| <b>FAULT CATEGORY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |      |      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                 |                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |              |                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                             |  |
| <b>Landing Gear</b><br><input type="checkbox"/> Bending<br><input type="checkbox"/> Centre Not Concentric to O/S<br><input type="checkbox"/> Cracks<br><input type="checkbox"/> Crushed/Crimped.<br><input type="checkbox"/> Cuffs<br><input type="checkbox"/> Heat Treat<br><input type="checkbox"/> Inspection Strip in Tube<br><input type="checkbox"/> Ripples in Bend<br><input type="checkbox"/> Torque Waves in Extrusion<br><input type="checkbox"/> Turning Sequence<br><input type="checkbox"/> Wave/Twist in Tube |      |      | <b>General</b><br><input type="checkbox"/> Bend<br><input type="checkbox"/> BOM/Route<br><input type="checkbox"/> Broken/Damaged<br><input type="checkbox"/> Burrs<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Countersink<br><input type="checkbox"/> Cut Too Short<br><input type="checkbox"/> Drill Holes<br><input type="checkbox"/> Drawing<br><input type="checkbox"/> Finish<br><input type="checkbox"/> Folio |                                                                                                                                                                                 |                   | <input type="checkbox"/> Grain<br><input type="checkbox"/> Hardware<br><input type="checkbox"/> Inspection Incomplete<br><input type="checkbox"/> Instructions Incomplete/Unclear<br><input type="checkbox"/> Maintenance<br><input type="checkbox"/> Mislabeled<br><input type="checkbox"/> Misread<br><input type="checkbox"/> Offset<br><input type="checkbox"/> Out of Calibration<br><input type="checkbox"/> Out of Sequence<br><input type="checkbox"/> Outside Dimensions                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |              | <input type="checkbox"/> Ovalized<br><input type="checkbox"/> Over/Under tolerance<br><input type="checkbox"/> Part Incorrect<br><input type="checkbox"/> Part Lost/Missing<br><input type="checkbox"/> Part Moved<br><input type="checkbox"/> Positioned Wrong<br><input type="checkbox"/> Power Loss/Surge |  | <input type="checkbox"/> Pressure/Forced<br><input type="checkbox"/> Temperature/Cure<br><input type="checkbox"/> Weld<br><input type="checkbox"/> Wrong Stock Pulled<br><br><input type="checkbox"/> Other |  |

## 5.0 PARTS LIST

| Qty<br>-015 | Qty<br>-017 | Qty<br>-025 | Qty<br>-027 | Qty<br>-111 | Qty<br>-117 | Part Number  | Description                                            |
|-------------|-------------|-------------|-------------|-------------|-------------|--------------|--------------------------------------------------------|
| X           |             |             |             |             |             | D350-567-015 | FLOOR WINDOW INSTALLATION (SMALL)                      |
|             | X           |             |             |             |             | D350-567-017 | FLOOR WINDOW INSTALLATION (SMALL)                      |
|             |             | X           |             |             |             | D350-567-025 | FLOOR WINDOW INSTALLATION (LARGE)                      |
|             |             |             | X           |             |             | D350-567-027 | FLOOR WINDOW INSTALLATION (LARGE)                      |
|             |             |             |             | X           |             | D350-567-111 | FLOOR WINDOW INSTALLATION (EXTRA LARGE)                |
|             |             |             |             |             | X           | D350-567-117 | FLOOR WINDOW INSTALLATION (EXTRA LARGE)                |
| 1           | 1           |             |             |             |             | D350-567-013 | REPLACEMENT WINDOW KIT (SMALL)                         |
|             |             | 1           | 1           |             |             | D350-567-023 | REPLACEMENT WINDOW KIT (LARGE)                         |
|             |             |             |             | 1           | 1           | D350-567-113 | REPLACEMENT WINDOW KIT (EXTRA LARGE)                   |
|             | 1           |             | 1           | 1           |             | D350-567-115 | INTERIOR FLOOR WINDOW KIT                              |
| 1           |             | 1           |             |             | 1           | D350-567-031 | INTERIOR FLOOR WINDOW KIT<br>(SLIDING DOOR COMPATABLE) |

| Qty<br>-013 | Qty<br>-023 | Qty<br>-113 | Qty<br>-115 | Qty<br>-031 | Part Number  | Description                                            |
|-------------|-------------|-------------|-------------|-------------|--------------|--------------------------------------------------------|
| X           |             |             |             |             | D350-567-013 | REPLACEMENT WINDOW KIT (SMALL)                         |
|             | X           |             |             |             | D350-567-023 | REPLACEMENT WINDOW KIT (LARGE)                         |
|             |             | X           |             |             | D350-567-113 | REPLACEMENT WINDOW KIT (EXTRA LARGE)                   |
|             |             |             | X           |             | D350-567-115 | INTERIOR FLOOR WINDOW KIT                              |
|             |             |             |             | X           | D350-567-031 | INTERIOR FLOOR WINDOW KIT<br>(SLIDING DOOR COMPATABLE) |
| 1           |             |             |             |             | D2125        | REPLACEMENT WINDOW, SMALL                              |
|             | 1           |             |             |             | D2942        | REPLACEMENT WINDOW, LARGE                              |
|             |             | 1           |             |             | D3290-041    | REPLACEMENT WINDOW ASSEMBLY, EXTRA LARGE               |
| 1           |             |             |             |             | D2126-0600   | SEAL                                                   |
|             | 1           |             |             |             | D2463-0750   | NEOPRENE SEAL                                          |
|             |             | 1           |             |             | D2463-0860   | NEOPRENE SEAL                                          |
|             | 9           | 12          |             |             | 2600-6       | 1/4 TURN FASTENER                                      |
|             | 9           | 12          |             |             | 2600-LW      | WASHER                                                 |
|             | 9           | 12          |             |             | 212-12       | RECEPTACLE                                             |
|             | 22          | 21          |             |             | AN526C832R9  | SCREW (OR AN526C832-9, OR MS51957-126)                 |
|             | 44          | 42          |             |             | AN960JD8     | WASHER                                                 |
|             | 22          | 21          |             |             | MS21042L08   | NUT (OR MS21042-08)                                    |
|             | 18          | 24          |             |             | MS20426AD3-5 | RIVET                                                  |
| 2 SQ.<br>YD | 2 SQ.<br>YD | 2 SQ.<br>YD |             |             | N/A          | 9.7oz 7781 'S' GLASS UNIVERSAL WEAVE                   |
|             |             |             |             | 1           | D2463-0450   | NEOPRENE SEAL                                          |
|             |             |             |             | 1           | D3210-1      | DOUBLER                                                |
|             |             |             |             | 1           | D3211-1      | BRACKET                                                |
|             |             |             |             | 1           | D3212-1      | FLOOR WINDOW                                           |
|             |             |             |             | 1           | D3213-041    | DOOR ASSEMBLY                                          |
|             |             |             | 1           |             | D3293-1      | DOUBLER                                                |
|             |             |             | 1           |             | D3294-1      | BRACKET                                                |
|             |             |             | 1           |             | D3295-041    | FLOOR WINDOW                                           |
|             |             |             | 1           |             | D3296-041    | DOOR ASSEMBLY                                          |
|             |             |             | 1           |             | D2463-0530   | NEOPRENE SEAL                                          |
|             |             |             | 9           | 8           | AN526C632R12 | SCREW (OR AN526C632-12, OR MS51957-32)                 |
|             |             |             | 9           | 8           | AN960JD6     | WASHER                                                 |
|             |             |             | 9           | 8           | MS21042L06   | NUT (OR MS21042-06)                                    |
|             |             |             | 2           | 40          | MS20470AD4-5 | RIVET                                                  |
|             |             |             | 115         | 90          | MS20470AD4-6 | RIVET                                                  |
|             |             |             | 15          | 20          | MS20470AD4-7 | RIVET                                                  |